## 2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L14000196927

Entity Name: CHAPPELL SCHOOLS, LLC

**Current Principal Place of Business:** 

8400 BAYCENTER ROAD JACKSONVILLE, FL 32256

**Current Mailing Address:** 

8400 BAYCENTER ROAD JACKSONVILLE, FL 32256 US

FEI Number: 47-5013528 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHAPPELL SCHOOLS, LLC. 8400 BAYCENTER ROAD JACKSONVILLE, FL 32256 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHAPPELL SCHOOLS, LLC 05/22/2024

Electronic Signature of Registered Agent

Date

JACKSONVILLE FL 32256

City-State-Zip:

**FILED** May 22, 2024

**Secretary of State** 

3590242110CC

Authorized Person(s) Detail:

Title MANAGER Title MANAGER

HARRIS, LYNNÉ JOHNSON, ELAINE Name Name

8400 BAYCENTER ROAD Address 8400 BAYCENTER ROAD Address

City-State-Zip: JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 City-State-Zip:

Title **MANAGER** Title MANAGER

Name CHAPPELL, LAUREN Name HARMS, SUE Address 8400 BAYCENTER ROAD Address 8400 BAYCENTER ROAD

Title **MANAGER** 

City-State-Zip:

TIALIOS, YANNIS Name

8400 BAYCENTER ROAD Address JACKSONVILLE FL 32256 City-State-Zip:

JACKSONVILLE FL 32256

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LYNNÉ HARRIS **MANAGER** 

Electronic Signature of Signing Authorized Person(s) Detail

05/22/2024 Date